

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213552425</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>NATIONAL RIFLE ASSOCIATION OF AMERICA</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>NY</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2013</b></p> <p>SCC ID NO: <b>F0538456</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL 11250 WAPLES MILL RD</p> <p style="text-align: center;">CITY/ST/ZIP: FAIRFAX, VA 22030</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID A KEENE  TITLE: DIRECTOR  ADDRESS: 11250 WAPLES MILL ROAD  CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DAVID A KEENE TITLE: DIRECTOR ADDRESS: 11250 WAPLES MILL ROAD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DAVID A KEENE TITLE: DIRECTOR ADDRESS: 11250 WAPLES MILL ROAD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES W PORTER, II  TITLE: PRESIDENT  ADDRESS: 11250 WAPLES MILL ROAD  CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES W PORTER, II TITLE: PRESIDENT ADDRESS: 11250 WAPLES MILL ROAD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES W PORTER, II TITLE: PRESIDENT ADDRESS: 11250 WAPLES MILL ROAD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALLAN D CORS  TITLE: VICE PRESIDENT  ADDRESS: 11250 WAPLES MILL ROAD  CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ALLAN D CORS TITLE: VICE PRESIDENT ADDRESS: 11250 WAPLES MILL ROAD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ALLAN D CORS TITLE: VICE PRESIDENT ADDRESS: 11250 WAPLES MILL ROAD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WAYNE R LAPIERRE JR  TITLE: EXEC VP  ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL  11250 WAPLES MILL RD  CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WAYNE R LAPIERRE JR TITLE: EXEC VP ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL 11250 WAPLES MILL RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WAYNE R LAPIERRE JR TITLE: EXEC VP ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL 11250 WAPLES MILL RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILSON H PHILLIPS JR  TITLE: TREASURER  ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL  11250 WAPLES MILL RD  CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WILSON H PHILLIPS JR TITLE: TREASURER ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL 11250 WAPLES MILL RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WILSON H PHILLIPS JR TITLE: TREASURER ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL 11250 WAPLES MILL RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	CHRISTOPHER W COX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	INSTITUTE OF FOR LEGISLATIVE ACTION		
CITY/ST/ZIP/CO:	11250 WAPLES MILL RD FAIRFAX, VA 22030		
NAME:	EDWARD J LAND JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	C/O OFFICE OF THE GENERAL COUNSEL		
CITY/ST/ZIP/CO:	11250 WAPLES MILL RD FAIRFAX, VA 22030		
NAME:	JOE M ALLBAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	WILLIAM H ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	THOMAS P ARVAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	SCOTT L BACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	WILLIAM A BACHENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	F. E. BACHHUBER, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	M. CAROL BAMBERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	BOB BARR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	RONNIE G BARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	CLEL BAUDLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	DAVID E BENNETT, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	J. KENNETH BLACKWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	MATT BLUNT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	DAN BOREN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	ROBERT K BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	PETE BROWNELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	DAVE BUTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	J. WILLIAM CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	TED W CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	RICHARD CHILDRESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	PATRICIA A CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	CHARLES L COTTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	DAVID G COY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	LARRY E CRAIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	JOHN L CUSHMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	WILLIAM H DAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	JOSEPH P DEBERGALIS, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	R LEE ERMEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	EDIE P FLEEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	JOEL FRIEDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	SANDRA S FROMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	JAMES S GILMORE, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	MARION P HAMMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	MARIA HEIL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	GRAHAM HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	STEVE HORNADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	SUSAN HOWARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	ROY INNIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	H JOAQUIN JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	CURTIS S JENKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	TOM KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	HERBERT A LANFORD, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	KARL A MALONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	CAROLYN D MEADOWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	JOHN F MILIUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	BILL MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	OWEN BUZ MILLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	TOM GAINES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	GROVER G NORQUIST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	OLIVER L NORTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	ROBERT A NOSLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	JOHNNY NUGENT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	TED NUGENT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	LANCE OLSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	TIMOTHY PAWOL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	PETER J PRINTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	TODD J RATHNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	WAYNE ANTHONY ROSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	CARL T ROWAN, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	DON SABA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	ROBERT E SANDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	WILLIAM H SATTERFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	RONALD L SCHMEITS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	TOM SELLECK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C SIGLER DIRECTOR 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEROY SISCO DIRECTOR 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT D VAN HORN DIRECTOR 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA L WALKER DIRECTOR 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ WILSON H PHILLIPS JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILSON H PHILLIPS JR, TREASURER PRINTED NAME AND CORPORATE TITLE	10/31/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		